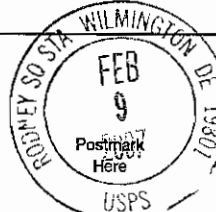


D.I. # _____

**CIVIL ACTION
NUMBER:** _____

06 cv 686

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage	\$ 0.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88
	
Name (Please Print Clearly) To Be Completed By Mailer LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE	
Street, Apt. No., or PO Box No. 820 N. FRENCH STREET	
City, State, ZIP+4 WILMINGTON, DE 19801	
06 cv 686 JJF	
PS Form 3800, July 1999 See Reverse for Instructions	